GENERAL

- You must mail a completed *Lead Abatement Project Re-Notification* form twenty-four (24) hours prior to any changes from the original project notification (19 CSR 30-70.630(6), 19 CSR 30-70.640(3)).
- Mail to: Missouri Department of Health and Senior Services, Lead Licensing Program, P.O. Box 570, Jefferson City, MO 65102-0570

MO 65102-0570		
Please type or print legibly.		
PART A. PROJECT INFORMATION		
PROJECT ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTY)		
PROPERTY OWNER (NAME, ADDRESS, TELEPHONE NUMBER)		
TYPE OF STRUCTURE BEING ABATED (CHECK ALL THAT APF	PLY)	
DWELLING (SINGLE-FAMILY) BRIDGE, OUTDOOR STRUCTURE		
☐ DWELLING (MULTI-FAMILY) ☐ CON ☐ CHILD-OCCUPIED FACILITY	IMERCIAL BUILDING (PLEASE DESC	RIBE)
(AS DEFINED IN 701.300(2), RSMo)		
LEAD ABATMENT PROJECT CONTRACTOR (NAME, ADDRESS, TELEPHONE NUMBER)	LICEN	SE NUMBER
PART B. PROJECT CHANGES (Please list all changes		
new start date; new completion date; new working hours	s, different supervisor or work	er, etc.)
		ct Notification
(i.e.: Original Start Date: 1/1/2004 Original End Date: 1/15/04)	(New Start Date: 2/1/2004	New End Date: 2/15/04)
NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY	THE PROJECT'S LEAD ABATEM	ENT SUPERVISOR(S).
I hereby certify that all of the information provided in th	is re-notification is complete a	and true to the best of my
knowledge.		T =
SIGNATURE OF LEAD ABATEMENT SUPERVISOR		DATE
SIGNATURE OF LEAD ABATEMENT SUPERVISOR (if more than one)		DATE